

GREATER CINCINNATI WATER WORKS
CROSS CONNECTION QUESTIONNAIRE/APPLICATION FOR WATER SERVICE

DOMESTIC WATER SERVICE and METER

Premise Address _____ Lot # _____ Application Date _____ Branch Number _____

Branch Size _____ Meter Size _____ Water Main Size _____ Meter Type _____ Meter Number _____ Community _____

Type of Service: Domestic only _____ Irrigation only _____ Other _____ **OR** Dual Service _____ Tri-Service _____ Domestic Irrigation Fire _____
(circle two or three)

Branch Location: N-S-E-W side of _____, _____ feet N-S-E-W of _____ fire hydrant(s) N-S-E-W of _____
(circle one) (Street name) (circle one) (cross street name)

If domestic is part of a dual service branch please specify if **LEFT** or **RIGHT** of fire branch: _____ **LEFT** _____ **RIGHT** _____

Any existing water services/sources of water? Cincinnati _____ Existing Branch # _____ Well _____ Cistern _____ Lake/Pond _____ Other _____
Will the existing water source be discontinued when new branch is installed? Y/N _____ If yes, how will it be discontinued? _____

Plumbing Contractor's Name: _____

Plumbing Contractor's Address: _____
(Number and Street) (City) (State) (Zip)

Plumbing Phone # _____ **FAX #** _____ **email:** _____

Owner's Name: _____

Owner's Address: _____
(Number and Street) (City) (State) (Zip)

Owner's Phone # _____ **Owner's email** _____

General Contractor's (GC) Name: _____ **GC's Phone Number** _____ **GC's Fax Number** _____

Type of Premise: _____ How many stories? _____ Cubic Feet _____ Number of Commercial Units _____
(Residential or Commercial or other)

Peak water demand in gpm: _____ GPM Needed system pressure in psi: _____ PSI

How did you determine your demands: Manual _____ Spreadsheet _____ Model _____
Is Branch 4" or larger? Circle: Y / N If Yes, **ATTACH CALCULATIONS**

Are there any fire protection sprinkler heads taken off the domestic water supply? Y/N _____ If yes, how many sprinkler heads? _____
If Residential, how many Family Units? _____ If Commercial, how will the premises be used? _____

List all types of water using equipment and/or fixtures: _____

Is there an underground lawn sprinkling system? _____ Are there self draining drinking fountains, hydrants, or hose boxes? _____

Is there a boiler? _____ If yes, is there chemical treatment of the boiler? _____ What type of chemical treatment? _____
Is there a cooling tower? _____ If yes, is there chemical treatment of the tower? _____ What type of chemical treatment? _____
Is there a swimming pool? _____ If yes, is it filled by hose or piped connection? _____ If a piped connection, is there an air gap at the pool? _____
Are pumps used on the water supply? _____ If so, what is their capacity in GPM? _____ Do they take direct suction from City water? _____

Are there any water storage tanks on the premises? _____ If so, what type: gravity _____ pressure _____ reservoir _____ other: _____
What is the capacity in Gallons? _____ Is the tank covered? _____ Is the tank filled with City water? _____ If not, what is water source? _____

Additional Information _____

GREATER CINCINNATI WATER WORKS
CROSS CONNECTION QUESTIONNAIRE/APPLICATION FOR WATER SERVICE
FIRE PROTECTION SERVICE and METER

Premise Address _____ Lot # _____ Application Date _____ Branch Number _____

Branch Size _____ Meter Size _____ Water Main Size _____ Meter Type _____ Meter Number _____ Community _____

Type of Service: Fire only _____ Other: _____ **OR** Dual Service _____ Tri Service _____ Domestic Irrigation Fire _____
(circle one) (circle two or three)

Branch Location: N-S-E-W side of _____, _____ feet N-S-E-W of _____ fire hydrant(s) N-S-E-W of _____
(circle one) (circle one) (circle one)

Any existing water service/source of water? Cincinnati _____ Existing Branch # _____ Well _____ Cistern _____ Lake/Pond _____ Other _____
(circle one) (circle one) (circle one) (circle one) (circle one)

Will the existing water source be discontinued when new branch is installed? Y/N _____ If yes, how will it be discontinued? _____

Fire Protection Contractor's Name: _____

Fire Protection Contractor's Address: _____
 Phone # _____ Fax # _____ Email: _____
(Number and Street) (Number and Street) (City) (State) (Zip)

Owner's Name: _____

Owner's Address: _____
 Owner's Phone #: _____ Owner's email: _____
(Number and Street) (City) (State) (Zip)

General Contractor's (GC) Name: _____ GC's Phone Number _____ GC's Fax Number _____

Type of Premise: _____ How many stories? _____
(Residential or Commercial or Other)

What is the **Needed Fire Flow** at 20 psi **at the street** required by the Local Fire Dept. to fight a fire for this development? _____ **GPM at 20psi**
(obtain this number from Local Fire Dept.)

What **flow and pressure** are needed **at the meter** to fully operate proposed/existing sprinkler system or private hydrants(s)? _____ **GPM @ PSI**
(use appropriate calculations or specs)

How did you determine your demands? Manual _____ Spreadsheet _____ Model _____
 Is Branch 4" or larger (calculations for 2" FB are not required)? Y / N _____ If Yes, **ATTACH CALCULATIONS**

Are pumps used on the water supply? _____ If so, what is their capacity in gpm? _____ Do they take direct suction from city water? Y/N _____

What type of fire suppression system will be installed? Dry Sprinkler _____ Wet Sprinkler _____ Dry Riser _____ Wet Riser _____ Hose Cabinets _____ Other _____

Are there now or will there be any anti-freeze legs? Y/N _____ If yes, what type of antifreeze will be used? _____

Are there any fire protection sprinkler heads taken off the domestic water supply? Y/N _____ If yes, how many fire sprinkler heads? _____

Are there any private fire hydrants on this service? Y/N _____ If yes, will the fire hydrants have their self draining ports plugged? _____

Are there any water storage tanks on the premises? Y/N _____ If yes, what type: gravity _____ pressure _____ reservoir _____ other _____
 What is the capacity in Gallons? _____ Is the tank covered? _____ Is the tank filled with City water? Y/N _____ If No, then what is the water source? _____

Is there any other water using equipment or fixtures other than what is mentioned above? Y/N _____ If yes, please list them _____

Additional Information _____